Results: Epidemiological investigations revealed that anorectal diseases in Wuhan perianal SSI of the average rate of NI was 32.98%. After statistical analysis, compared with anorectal diseases perianal incision infection for the patient's hospital stay ($t = 5.62$, $P < 0.01$), the incision site of microbial strains and the number of bacteria changes ($X^2 = 22.94$ and $X^2 = 60.29$, $P < 0.01$), and other relevant factors, it has significance difference.
Conclusion: Through this survey, it was the first time to acquire the epidemiological data which was about perianal SSI in anorectal diseases in Wuhan, it will provide the scientific basis to prevent and control perianal SSI in anorectal diseases.
Keywords: Anorectal Diseases; Nosocomial Infection (NI); Perianal Surgical site infection (SSI); Epidemiology; Prevalence/ Incidence

PP-079 One untypical case of normal temperature during the eruption of adult measles

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The patient, male, 28 years old, was a booking office clerk at the airport. He was hospitalized in the General Hospital of Air Force at 8 p.m. on September 4, 2008 after his five-day pyrexia, three-day cough, two-day diarrhea, and one-day rash. The patient began to have a fever on August 30, and his temperature had risen from 37.9ºC to 39.4ºC. He had got a cough on September 1, and then had diarrhea water stool 6–7 times a day without the abdominal pain on September 2. The pink rash appeared on his cheeks on the morning of September 4, spreading gradually over the whole body. The other symptoms included sore throat, dizziness, and malaise, uncomplicated by photophobia, shedding tears, stuffy nose, and running nose. The patient had neither ever caught measles nor contacted with other measles patients. Physical examination: T 36.3ºC; big or small pink maculae spread over the body, ranging successively from cheeks, trunk to limbs according to the intensity, and no maculae on the center of hands and feet. The skin between the maculae was normal, fading upon being pressed; The throat appeared red, tonsils were swollen and not covered with white patches, and Koplik's spots were on the left buccal mucosa;All of the lungs, heart, and abdomen were normal. The patient had taken antifebrile im and po on August 30 and 31, afterwards not taken any antifebrile until 4 days before being hospitalized. His temperature was 38.9ºC in emergency department, and fell to normal in ward in two hours. Single medication: Banlangen 10g, bid, po. Chemical examination: On September 5, blood routine, WBC 6.1×10^9/L, N 76.1%; ALT 48U/L, AST 54U/L, LDH 309U/L, GGT 184U/L; stool routine, WBC 2–3/HP, OB +; measles antibody IgM +, rubella antibody IgM −. Abdominal ultrasonic: All of liver and gall bladder were normal. Next day in ward, the eruption appeared on the centre of hands and feet, meanwhile diarrhea stopped. On September 9, ALT 64U/L, AST 32U/L; the rash disappeared completely, followed by brown pigmentation without the desquamation. The patient was discharged from hospital on September 10. and came back to the outpatient service for a chemical reexamination in half a month, all results of ALT, AST, GGT returned to normal.
Born in the metropolitan city, the patient should have been vaccinated, but he had not any records of immunization because of the limits in those years.
This paper aims at emphasizing to discern the possibilities of the untypical measles from the patient with normal temperature during the eruption. The injury of liver associated with measles could be fully recovered with the convalescence.

PP-080 CpG-DNA encapsulated with peptide antigens of *P. vivax* in microparticles enhances the systemic and mucosal immune responses in mice using intranasal mode of delivery: an approach towards mucosal vaccine for malaria

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Introduction: Due to drug resistance and limitation of growing of *P. vivax* parasite in vitro for enough DNA/Protein, we attempted an alternate synthetic peptide approach from the deduced amino acid sequences of different antigens of *P. vivax* constituting all the stages of the life cycle. For producing efficient and long lasting humoral immune responses, PLGA microparticles were used as delivery vehicles and CpG ODN as immunoadjuvants.
Objective: To study the mucosal and systemic immune responses in mice with coentrapped peptide antigens and CpG ODN in microparticles.
Methodology: *P. vivax* peptides viz, MSP 1#1, MSP 1#23, CSP, AMA, and Pvs24 (TBA) possessing B and T cell epitopes were synthesized using Fmoc chemistry. These peptide antigens were then entrapped in microparticles along with CpG-ODN. Outbred strains of mice were immunized using intranasal route with different peptide formulations. Peptide specific IgG, IgA and SIgA estimation was done by standardized ELISA protocol.
Results and Conclusion: Presence of CpG (1826 or 2006) in microparticles along with the peptide antigens showed serum IgG titre of 51,200–204,800 maintained till 90 days post immunization. The isotypic profile of the serum IgG revealed IgG2a/2b as the predominant isotypes, maintained till 90 days post immunization. Peptide specific IgA titre in sera ranged between 12,800 and 25,600 maintained till 90 days post immunization and SIgA titre in washes ranged between 800 and 25,600. Infected mosquitoes fed with high titer Pvs24 (TBA) anti-sera showed signinificant reduction in the oocyst count as revealed by membrane feeding assay. This study shows CpG ODN to be a potent mucosal adjuvant to induce immune responses against peptide antigens administered by intranasal inhalation. This is the first reported study with mucosal vaccination for malaria and also for these peptides.

PP-081 Cadaveric and living donor liver transplantation for acute on chronic hepatic failure patients caused by hepatitis B. A preliminary report of 90 cases

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Objective: To summarize the experience of cadaveric and living donor liver transplantation for acute on chronic hepatic failure patients caused by Hepatitis B.
Methods: The clinical and follow-up data of consecutive 90 cases (80 cadaveric donor Ltx and 10 LDLT) from June 2004 to January 2008 were analyzed retrospectively.
Results: All the 90 patients had high MELD score as well as Child C liver function, and the mean MELD score is 30.9 ± 6.5 (range from 25 to 40). Before receiving Liver transplantation, they suffered from severe complications including abnormal renal function 45.6% (41/90), hepatic